

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

American Energy Alliance

(b) Address (number and street) ☐ check if different than previously reported

601 Pennsylvania Avenue N.W. Suite 900, South Building

(c) City, State and ZIP Code

Washington

DC

20004

### 2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
09 / 16 / 2008

through

M M / D D / Y Y Y Y  
10 / 01 / 2008

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
09 / 18 / 2008

### (b) Communication Title

Compromises/Energy Independence

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Thomas Pyle

(b) Address (number and street)

601 Pennsylvania Avenue N.W.

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

American Energy Alliance

(e) Occupation

President

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

309657.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Thomas Pyle

SIGNATURE Electronically Filed by Thomas Pyle

DATE 09/18/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

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